

IPDR6702				NORTH CAROLINA				
RUN DATE: 09/14/2008				IPRS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 9/16/2008				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	3101	2225	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER IS MISSING				
		3102	813	THE TAXONOMY CODE FOR THE BILL ING PROVIDER IS MISSING	25	4259	5749	1490
		8800	371	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	8326	390	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	307	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1405	8302	6897
		8534	215	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
3404910	PATHWAYS	8534	912	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
		8800	180	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1385	7604	6219
		21	77	DUPLICATE OF CLAIM-SYSTEM				
3404912	MENTAL HEALTH P ARTNERS	8505	21	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	13	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	50	1484	1434
		8000	7	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404913	MECKLENBURG COM ENTAL HEALT	8800	450	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	197	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	750	2175	1425
		143	41	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404916	CROSSROADS BEHA VIORAL HEAL	8326	488	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	243	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1091	6916	5825
		8800	213	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404917	CENTERPOINT HUM AN SERVICES	8800	146	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		23	60	SERVICE REQUIRES PRIOR APPROVA L	0	320	5083	4763
		8533	39	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
3404919	GUILFORD CO MEN TAL HEALTHC	8800	499	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	293	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1080	4994	3914
		8537	181	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	5404	28	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8326	12	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	54	894	840
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8326	151	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8961	151	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH	0	737	4009	3272
		8599	119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8800	45	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	41	DUPLICATE OF CLAIM-SYSTEM	0	90	437	347
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	515	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8326	102	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	718	3191	2473
		8800	18	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	634	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	117	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	22	981	12574	11593
		21	93	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	50	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	41	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	203	3456	3253
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8599	236	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	150	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	608	2312	1704
		8988	121	CLAIM DENIED, ATTENDING PROVID ER WAS NOT ENDORSED/LICENSED/CERTIFIED				
3404930	JOHNSTON COUNTY MNTL HLTHC	8326	318	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		3411	153	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	652	2885	2233
		8599	98	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404931	WAKE CO HUM SVC BILLING OF	8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	16	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	6	65	566	501
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	705	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	41	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	778	4192	3414
		8326	7	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404934	ONSLOW CARTERET BEHAV HEAL	8326	262	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	187	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	575	1565	990
		11	84	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	11	149	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	6	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	157	2257	2100
		8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404939	EAST CAROLINA B EHAVORIAL H	8800	390	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	99	DUPLICATE OF CLAIM-SYSTEM	6	683	6112	5429
		7001	58	EXCEEDS THE ONE PER DAY LIMITA TION				
3404942	EAST CAROLINA B EHAVORIAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	3411	90	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	187	1752	1565
		8564	20	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.				
3404944	EASTPOINTE HUMA N SERVICES	8326	783	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	62	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	872	2373	1501
		79	10	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404949	PIEDMONT BEHAVI	8000	544	NO RATE AVAILABLE ON FILE TO P				
	ORAL HEALTH			RICE THIS CLAIM DETAIL				
		3101	492	THE TAXONOMY CODE FOR THE ATTE	0	2168	11168	9000
				NDING PROVIDER				
				IS MISSING				
		191	249	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				